

## **Washington State Employee Assistance Program Contracted Providers**

### **Billing Forms Checklist**

Complete the following forms and return to EAP. Incomplete or missing forms may result in delay of payment. Forms are available at:

<http://www.dop.wa.gov/more/EAP/ContractedProviders/Pages/default.aspx>.

- ☐ Client Intake Data Form
- ☐ Statement of Understanding (SOU)
- ☐ Notice of Privacy Practices Acknowledgement Form
- ☐ Authorization for Release of Information (if appropriate)
- ☐ Assessment Form
- ☐ Recommendation and Closing form
- ☐ Referral Waiver Form (if appropriate)
- ☐ Invoice form. Complete Invoice for all claims. To ensure client confidentiality, EAP referral number is required on invoice. Client name must NOT appear on invoice form. Keep a copy of the invoice for your records.

#### **Mail or fax all completed forms for processing to:**

Washington State Department of Personnel  
Employee Assistance Program  
1222 State Ave NE Ste 201  
P.O. Box 47540  
Olympia, WA. 98504-7540

Fax: 360-664-0498